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AGENDA ITEM

☐ For Possible Action
☒ Information Only

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Title: Supported State Based Marketplace (SSBM) Transition Update

PURPOSE

The purpose of this report is to provide information to the Board and public regarding the status of the Exchange's transition from a State Based Marketplace (SBM) in Plan Year 2014 to a Supported State Based Marketplace (SSBM) for Plan Year 2015.

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BACKGROUND

On May 20, 2014, the Board approved the option to become a Supported State Based Marketplace (SSBM) for Plan Year 2015, while developing a procurement for a transfer system from another state to be implemented in Plan Year 2016. This decision meant that the Exchange would utilize the federal infrastructure during the calendar year 2015 to take time to establish the

transfer system of choice. The current Nevada Health Link portal would be maintained as the entry point for enrollment, with the federal eligibility and enrollment system as the operating platform.

SSBM MULTI-AGENCY TEAM

The Exchange has been fortunate enough to partner with many other agencies in the transition to the SSBM Model:

- Centers for Medicare and Medicaid Services (CMS)
- Nevada Governor's Office
- Division of Welfare and Supportive Services (DWSS)
- Division of Insurance (DOI)
- Enterprise IT Services (EITS)
- Natoma Technologies (Exchange Project Management Office – PMO support)
- Deloitte Consulting (DWSS Systems Integrator)
- PCG Consulting (Exchange and DWSS Independent Verification and Validation – IV&V vendor)
- KPS3 (Marketing and Outreach vendor)
- Insurance Carriers
- Exchange Enrollment Facilitators
- Insurance Brokers and Agents

Team meetings are held multiple times per week, and an Executive Status Report is provided each Monday to the Governor's Office, DHHS Director, and other agency executives (EITS, DWSS, and the Exchange).

CMS MILESTONES

To successfully transition to the SSBM model, the Exchange received a document outlining the System Development and Integration Milestones. These milestones describe the process and schedule for a state to connect with the federal infrastructure, categorized by the following:

- Technical Configuration Milestones
- Setup and Transition Milestones – Business Milestones
- IT Security Milestones
- Organization and Resources / Staffing
- Schedule
- Plan Management Capability
- Eligibility and Enrollment Capability
- Hub Capability
- Reporting and Oversight

The milestones document has been updated by all parties and artifacts are now being submitted to CMS on the new approved schedule.

STATUS OF THE SSBM TRANSITION

The SSBM Transition will completely change how the Exchange operates. At first glance, the website will look a bit different, but more importantly, the technology behind the scenes will be significantly different than what is utilized today. Certain business rules will no longer be supported, and the eligibility and enrollment process will shift entirely to the federal infrastructure.

The following describes in detail the progress to date on all facets of the SSBM Transition:

CARRIER ONBOARDING

The Exchange has established contact with representatives from each of the QHP and dental carriers. In order to maintain open lines of communication regarding transition updates and carrier concerns, weekly meetings have been established among the Exchange, DOI and carriers. Additionally, the Exchange has partnered with the CMS technical Electronic Data Interchange (EDI) team to offer carriers an opportunity to discuss any issues related to the EDI onboarding process. These calls began in July and will continue on a biweekly basis until all carriers have successfully completed the entire onboarding process.

Additionally, the carriers have been contacted individually in order to gauge the overall status of each carrier's ability to complete the onboarding to the SSBM. The Exchange is closely monitoring and tracking EDI progression and testing, direct enrollment implementation (if the carrier elects to offer this option) and the Plan Year 2015 billing transition. While some lack of technical resources and staffing exists, the general feedback received from the staff leads indicate that there appear to be no major concerns at this point in time.

The Exchange has distributed a general carrier onboarding schedule, detailed milestones, as well as technical guidance and documentation to assist the carriers through the Electronic File Transfer (EFT) connectivity process to the federal infrastructure. Currently, most of the carriers have received initial approval and are awaiting CMS to initiate the boundary and initial 834 enrollment form testing. CMS has indicated that all carriers should be approved as early as the week of August 11, 2014 and that testing will begin immediately after. At the request of the Exchange, CMS will be offering end-to-end testing for the carriers, which will enable the carriers to test an enrollment from account creation all the way through to enrollment effectuation. While this testing environment currently does not exist, the platform is the process of being built and is expected to be available shortly.

Below is the current schedule for carrier onboarding:

Activity	Deadline
QHP binder submission to DOI	6/27/14
1st SERFF Data Transfer initiated	6/30/14
1 st SERFF Data Transfer successful for all individual QHPs	7/9/14

Activity	Deadline
Issuers should be connected to test environment	7/7/14
1 st deficiency letters sent by DOI to carriers	7/11/14
Revised binder data received, 2 nd DOI review initiated, 2 nd data transfer initiated	7/25/14
2 nd DOI review complete, final deficiency letters sent by DOI	8/1/14
Revised binder data received, final transfer during initial Data Transfer Window successful for all but one carrier (Premier Access Dental), Transfer Window closed	8/8/14
All binder supporting documentation due	8/22/14
Final SERFF Data Transfer	9/5/14
Limited Data Correction Window	9/5/14-10/6/14
QHPs certified by DOI, data locked down	10/10/14
Open Enrollment begins	11/15/14

The following table will be used monthly to track and report the progress of the EDI onboarding for each insurance carrier. The activities are marked with the following:

- Blue backgrounds are medical carriers
- Tan backgrounds are dental carriers
- Completed: the activity is complete
- In Progress: started but not complete
- Not Started: the activity still needs to begin

Carrier	EDI Registration	Boundary Testing	EDI Testing	End-To-End Testing
Health Plan of Nevada	Complete	Not Started	Not Started	Not Started
Time Insurance	Complete	Not Started	Not Started	Not Started
St. Mary's Healthfirst	In Progress	Not Started	Not Started	Not Started
Nevada Health Co-op	In Progress	Not Started	Not Started	Not Started
Anthem	Complete	Not Started	Not Started	Not Started
Liberty Dental	Complete	Not Started	Not Started	Not Started
Nevada Dental Benefits	Complete	Not Started	Not Started	Not Started
Access Dental	Complete	Not Started	Not Started	Not Started
Premier Access	Complete	Not Started	Not Started	Not Started
BEST Life	In Progress	Not Started	Not Started	Not Started
Guardian	In Progress	Not Started	Not Started	Not Started
Anthem BCBS	In Progress	Not Started	Not Started	Not Started
Alpha Dental	In Progress	Not Started	Not Started	Not Started
Delta Dental	In Progress	Not Started	Not Started	Not Started
Dentegra Insurance	In Progress	Not Started	Not Started	Not Started

PLAN CERTIFICATION

In the SSBM Model, the Nevada Division of Insurance (DOI) retains authority over plan certification and rate review. QHPs must meet satisfy all requirements established by the Board and be compliant with all state and federal rules in order to be certified for 2015.

Frequent conversations are held between DOI, Exchange, and the participating carriers. Already, another major medical carrier will be participating on the Exchange next year ([Nevada's Health Exchange Sees Increased Interest from Insurers](#)). Time Insurance Company will be offering the Exchange's first Preferred Provider Organization (PPO) plans that will provide Nevadans more options to select and obtain the health insurance they need.

The DOI has received a total of five QHP binders for the individual exchange and one QHP binder for the SHOP. HMO Colorado (Anthem) and the Nevada Health CO-OP have submitted plans for all four services areas of the state. All Anthem plans are proposed to be statewide and include pediatric dental benefits. A second set of multistate plans through the Office of Personnel Management have been submitted by the Nevada Health CO-OP. Time Insurance Company has submitted PPO plans for Southern and Northern Nevada all with pediatric dental benefits. The DOI received eight standalone dental plan binders for the individual exchange and seven for the SHOP exchange.

The DOI has successfully transferred all QHP data to the federal hub. Carriers and DOI staff have been actively reviewing data in the federal test environment to identify compliance and display issues. Final plan data including approved rates will be transferred on September 5th. The DOI has made all proposed 2015 rates for all plans available on its website at healthrates.doi.nv.gov.

SHOP

The Exchange will be utilizing the federal infrastructure in 2015 for the Small Business Health Options Program (SHOP). Small employers (and/or their brokers) will be able to setup accounts with HealthCare.gov and enroll employees in Qualified Health Plans (QHPs) beginning November 15, 2014.

Small employers will have the following opportunities/restrictions:

- One QHP and one Standalone Dental Plan offering
- Upload employee roster directly to the site
- Can select between 0 – 60 days waiting period for coverage to begin
- SHOP will conduct billing
 - No credit card payments allowed
 - 31 day mandatory grace period
 - Can reinstate coverage within 30 days after a termination for non-payment
 - If terminated and reinstated, must pay past due month and new month

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- No participation rate requirements during annual open enrollment (November 15 – December 15 each year)

Only one carrier is participating on the SHOP next year (Nevada Co-Op).

BROKERS/AGENTS

Brokers and agents will need to sign up with CMS to participate in the SSBM Model next year. The process mirrors the FFM, so the following applies to the SSBM Model:

- The registration process for the 2015 Plan Year will start on July 7, 2014. Brokers and Agents who wish to sell on Nevada's State Based Exchange during the next open enrollment, November 15, 2014 - February 15, 2015, must be registered through the FFM registration process.
- All Agents and Brokers may access Part I starting on July 7, 2014, at: <https://Marketplace.MedicareLearningNetworkLMS.com> (Medicare Learning Network – MLN)
- MLN will automatically choose the curriculum for each broker on the user type/user role chosen in your MLN account.
- If brokers are renewing their registration with the FFM, they will need to complete Part I for the 2015 Plan Year using the same MLN account used to complete Part I for the 2014 Plan Year.
- If brokers are renewing their registration with the FFM for the individual market, they must complete the 2015 Plan Year training and FFM Agreements assigned to them through the Medicare Learning Network® (MLN) curriculum (Part I of registration).
- Because the Plan Year 2014 Agreements expire on September 30, 2014, CMS advises renewing Brokers and Agents to complete Part I for the 2015 Plan Year by September 30, to ensure there is no lapse in your FFM registration status.

The Exchange reached out to brokers and agents both appointed and not appointed to provide this critical information in a timely manner. Additional information has been sent regarding online webinar's hosted by CMS specifically centered around the registration and training requirements for brokers and agents participating for 2015. A webinar was held on July 15, 2014 and another on August 5, 2014.

EXCHANGE ENROLLMENT FACILITATORS

Although the Exchange is transitioning from an SBM to an SSBM, the Exchange will still be legally designated as a State Based Exchange. Therefore, all requirements of a State Based Exchange continue to apply. Per [45 CFR §155.210\(a\)](#), the Exchange must establish a Navigator program through which it awards grants to eligible public or private entities or individuals. The Exchange's EEF program meets this requirement and will continue forward with the SSBM Model.

Similar to brokers and agents, CMS will be releasing additional training for assisters scheduled for release next month. The Exchange will be reaching out to all EEFs when this training is available to ensure they are prepared to assist Nevadans this November.

In the meantime, there is a large quantity of training materials that current and prospective assisters can review in the meantime: [CMS Training Materials website](#). As additional training is developed and released, CMS will update this page.

MEDICAID/NEVADA CHECKUP

The Division of Welfare and Supportive Services (DWSS) completed its review of various Nevada Medicaid policies and CMS State Plan Amendments and determined there are no implications that the SSBM model may affect. Requirements for the SSBM interfaces from the Rules Engine have been completed as have requirements for the public facing Prescreening process. The Single Streamlined Application has been verbally approved by CMS. Welfare is determining changes to existing processes and procedures for its field operations organization and corresponding updates needed for field operations training.

Requirements for the DWSS Call Center are being identified which will necessitate updates to the call center processes, procedures, and training. Staffing requirements and technology infrastructure are also being evaluated against call volume assumptions, performance goals, and available funding.

Communications requirements (the message, to whom, the when and how) for the many internal and external stakeholders (public, sister agencies, community partners, and the like) are being developed.

The DWSS Program and IT teams in conjunction with vendors, Deloitte and PCG, have finalized requirements around the streamlined application, the transfer of applications between the Federal Exchange and DWSS Medicaid systems, Case Management and application intake, Reports and Notices, and Public User Identity Management. System development and testing is in progress. Equipment upgrades to the DWSS computer systems and network have been ordered.

The DWSS and SSHIX project teams have identified the system interface changes and timeline associated with the close out of the BOS/Xerox system.